



State of Illinois Springfield, Viatical Settlement Provider License Renewal Application

Important Notice: Disclosure of this information is required under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

Instructions	: Print or type all information	except that which re	equires a signature.			
The RENEWAL	L FEE is \$1,500.00. Make checks pa	ayable to the Director of	of Insurance.			
Name of Applicant				Tax, Social Security # or License #		
Business Address			City, State, Zip Code			
Telephone #		Toll-Free #		Fax #		
Contact Person				Phone # (if different than above)		
Business E-m	ail Address					
	Since your license was issued habusiness addresses, job titles/posit personnel, or other designated persenter into Viatical settlement contral. If not previously filed, provide such any new officers, 10% or more stoc. THE FOLLOWING QUESTIONS M. 1. Has the licensee or any officer Provider, or has a license to act for any disciplinary reasons in Viatical Settlement Provider? I. 2. Has the company or any officer certified copies of the indictment.	ion of applicant's partnersons intending to operations on behalf of the proint information with this Application of the proint information with this Application of the partners, directly and the partners of	ers, directors, officers, are under this license. (Pervider). plication including Biogrators, members, or desired a license to act as a venied, suspended, revok as an individual or as a mit the order and other appropriate of a felony? If "yes"	nd key management ersons authorized to raphical Affidavits on gnated employees. Viatical Settlement ed or surrendered nember of a olicable documents.		No No
		*** Declara	ition ***			
I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.						
	Print Name and Title		Signature		Date	
	Print Name and Title		Signature	<u></u>	Date	

ILLINOIS DEPARTMENT OF INSURANCE 320 W. WASHINGTON STREET SPRINGFIELD, IL 62767-0001

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